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NO. 3

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ELECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL
ISSUED MONTHLY

MARCH, 1921

O. C. WELBOURN, A. M., M. D., Editor
819 Security Building, LOS ANGELES, CAL.

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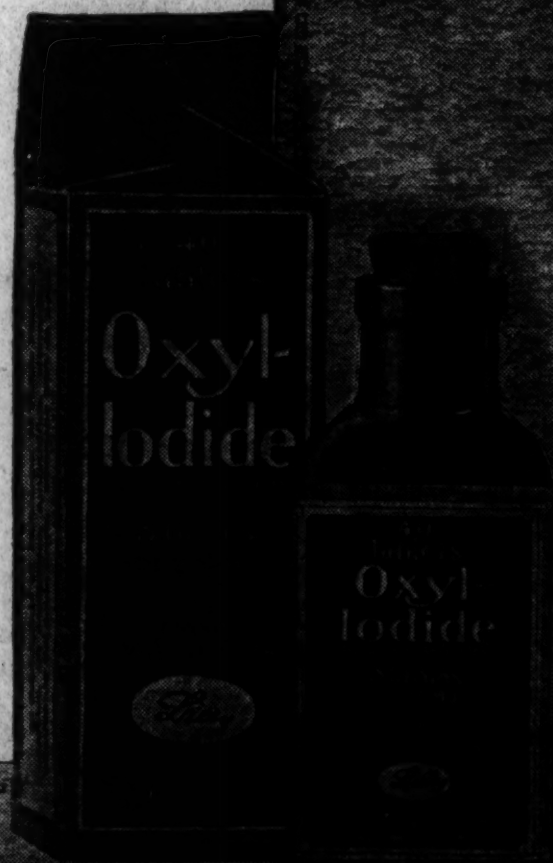
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applied warm and thick over the entire thoracic wall, *relieves the congestion* by increasing the superficial circulation. The *cutaneous reflexes* are *stimulated*, causing contraction of the deep-seated blood vessels. The over-worked *heart is relieved* from an excessive blood pressure, *pain and dyspnoea are lessened*, the *elimination of toxins* is hastened and the *temperature declines*.

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SUMMARY OF REPORTS FROM ONE THOUSAND PHYSICIANS

Remedies named as most useful in INFLUENZA

Aconite	788
Gelsemium	772
Bryonia	707
Macrotys	384
Veratrum	353
Eupatorium	328
Lobelia	324
Asclepias	268
Ipecac	236

Remedies named as most useful in PNEUMONIA

Bryonia	723
Aconite	617
Veratrum	576
Lobelia	468
Ipecac	411
Asclepias	366
Gelsemium	293
Belladonna	169
Sanguinaria	134

Many physicians found it impossible to name **any** remedy as of "most importance," stating, very truly, that **each** is "most important" when its use is indicated. Others named two or more as most serviceable, giving usually the conditions under which each was used. **For example**, "Gelsemium is most frequently indicated, but where **sepsis** is marked, Echafolta or Echinacea becomes most important." A typical answer, often made, is as follows: "In nearly every case I find indications for **three** remedies—Gelsemium, Macrotys and Eupatorium." Again, "Aconite for fever, Eupatorium for bone-ache, and Macrotys for muscular soreness."

EXTERNAL APPLICATIONS

Libradol	618	Camphorated Oil	62
Compound Emetic Powder	185	Onion Poultice	38
Turpentine Applications	110	Iodine Applications	14
Antiphlogistine	96	Scattering	120
Mustard Applications	72		

Under "Scattering," are included many private prescriptions, as well as such applications as "mush jacket," "flaxseed poultice," "quinine and lard," and one each of the following: "capsicum, mustard and tar," "tobacco and wheat flour," "snuff and black pepper." "Dry cupping" finds one advocate.

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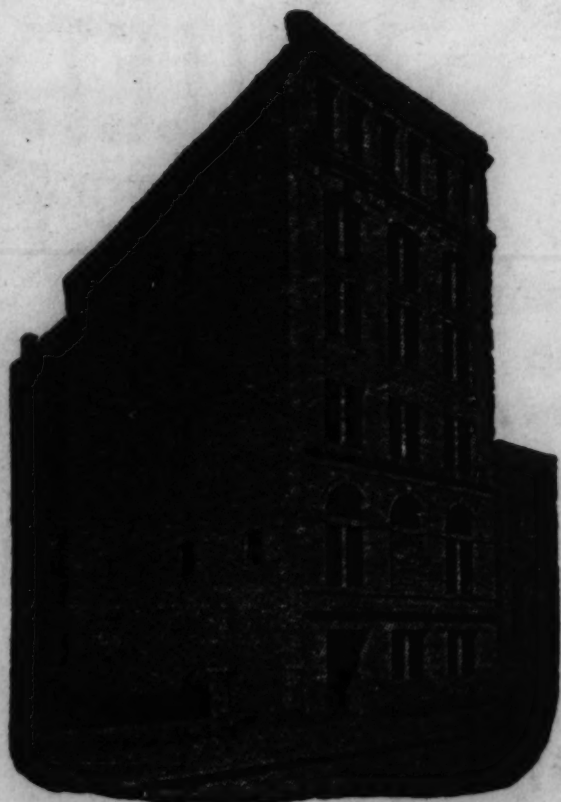
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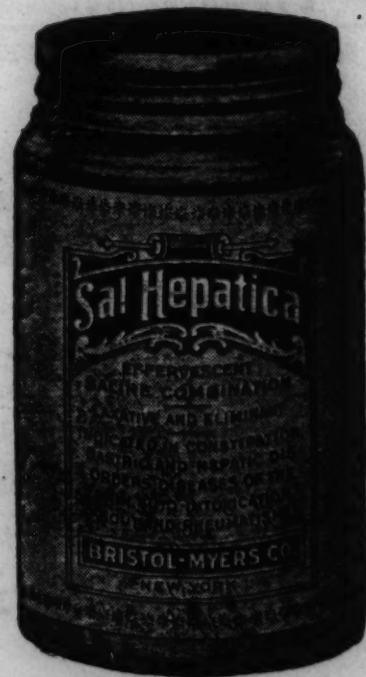
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IN BRONCHIAL ASTHMA

between attacks an effort should be made to correct the condition producing the paroxysms.

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	Price.	Club Rate.
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles.....	\$1.50	\$1.25
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National E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio	1.25	1.00

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance. The above discount will be allowed on an order for two or more, including this Journal.

The California Eclectic Medical Journal

Vol. ~~XLI~~ ~~XIV~~

MARCH, 1921

No. 3

:: Original Contributions ::

HEMORRHAGE AFTER THE MENOPAUSE

Dr. O. C. Welbourn, Los Angeles, California

(Read before the Los Angeles Eclectic Medical Society)

Women approach the menopause with fear and perturbation. Not only is it a very annoying period in her life, but it is also the period in which she is in the greatest danger of losing her life. With ample reason she is apprehensive. To most women the cessation of the generative function is experienced without regret, even though it definitely establishes that the meridian of her life cycle is passed and that henceforth she is one of the "has beens." As compared to the months immediately preceding she experiences great relief, both mental and physical, and in a negative sort of way she is happy and content. Other members of her household share in this relief, for the passing of the menopause is a family affair in most instances. This feeling of complacency may continue throughout the remainder of her life, but in a much too large percentage of cases it is replaced by one of anxiety. There is a hemorrhage! It may be quite a gush of blood, or again it may be just a stain. Should there be a free flow of blood most women will consult their medical adviser at once. On the other hand, with a slight dribble over a few days they usually hope for the best and conclude that it is just another menstruation. As a result nothing is done until several hemorrhages have recurred at irregular intervals. Eventually both classes will appear for advice and the medical man is reprehensible who does not at this, his first opportunity, make an effort to establish a diagnosis. A physical examination is essential, and sometimes microscopical work also. It should be borne in mind that a vaginal hemorrhage after the menopause is

always pathological and the exact nature of this pathology must be determined. A large percentage of these patients will be found to have a malignant disease, and we all know that the only hope of effecting a cure depends upon an early diagnosis. Many more times than I care to remember I have seen patients who came too late because the medical man upon whom they depended neglected to make an examination. Such experiences are trying to everybody concerned. The patient feels that she has been neglected, even though when she first mentioned the matter to her doctor it was in a most casual way. More than likely her indifference was assumed, and if real it was a result of her ignorance. A spirit of optimism is a great help when dealing with the sick, because usually they are abnormally depressed. But it should be a reasonable optimism; it should be induced and supported by scientific data. Otherwise it is nothing more or less than an agreeable hallucination, an amenomania, if you please. A vaginal hemorrhage after the menopause is a serious matter and should be treated accordingly. Some cases are curable and some are not, and this is impossible to determine until an examination has revealed the cause.

SPECIFIC MEDICINE ASCLEPIAS

H. Ford Scudder, M.D.

Specific Indications: "The skin is hot, but inclined to moisture; the face flushed; sharp pain."

Asclepias tuberosa possesses a direct influence upon the thoracic organs, and is especially valuable in pleurisy, both the acute and the sub-acute forms. Here it aids in the removal of any effusion that may be present, is prompt in its action in relieving the sharp pleuritic pains and distressed, short breathing, and benefits the heart and the entire thoracic contents. Use the Specific Medicine Asclepias in hot water, in doses of from fifteen to twenty drops for a few doses, then from one to two drams in four ounces of water, giving a teaspoonful of the mixture hourly.

Asclepias has a beneficial action in pneumonia, bronchitis, acute colds, coughs and other wrongs of the respiratory apparatus. We always think of it for various pains in the chest, intercostal, sharp, cutting, persistent or recurring, and for the "stitch in the side" following an attack of pleurisy. In febrile or inflammatory diseases Asclepias is usually combined with Specific Medicine Aconite.

Asclepias is markedly beneficial in the treatment of children's diseases, being slightly sedative in its action, allaying

nervous irritation and increasing the secretion from the skin. Try it in measles or scarlet fever, when the eruption is slow in making its appearance, and the child is nervous and irritable. It is the remedy in all chest affections of children. It acts as a sedative, lessening the cough and freeing the secretions.

Catarrhal troubles, such as the acute nasal catarrh of children, diarrhea from cold, catarrhal in character, dysentery and enteritis are greatly benefited by the use of Specific Medicine Asclepias. It has a soothing effect upon the stomach and entire intestinal mucous tract, and has proven a valuable agent in the relief of flatulence, especially flatulent colic of babies.

Asclepias is a positive diaphoretic, acting upon the skin and sudoriparous glands, increasing the true secretion from the skin and aiding in the elimination of toxic substances. Here it may be employed freely, given in hot water. It is not a stimulant, and hence may be used freely as a diaphoretic in febrile conditions. We use it in any disease where there is a hot, dry skin, or skin with a tendency to moisture, flushed face, slight temperature, full pulse, pain sharp, worse upon motion. In acute colds and influenza it is a favorite remedy. Here, give one full dose of the Specific Medicine, gtt. xx to xxx in $\frac{1}{2}$ of very hot water, at bedtime. It breaks up the cold by producing free diaphoresis and diuresis. In phthisis Asclepias is a good remedy, lessening the cough and night sweats, changing the character of the secretions, relieving the nervous irritation, and having a soothing effect on the mucous membranes. Use it in acute rheumatism with suppressed secretions, and in neuralgia, especially of the intercostal form.

SPECIFIC MEDICINE THUJA

H. Ford Scudder, M.D.

Specific Use. "Internally as a stimulating remedy in tenesmus and dribbling of urine in the aged, and in nocturnal incontinence."

Specific Medicine Thuja, formerly known as "Lloyd's Thuja," or "Howe's Thuja," is the best preparation of this drug, and has always proved exceedingly satisfactory, especially when used for the cure of hydrocele, for which it was first commended by Professor A. J. Howe, M.D. His method was to inject two drams of a mixture of equal parts of Specific Medicine Thuja and warm water into the sac, after the removal of the serous accumulation. The scrotum was then thoroughly kneaded, bringing the medicine into contact

with every part of the sac to be obliterated. This method is still followed, with much satisfaction, by many practicing physicians. Considerable pain follows for an hour or so, but in the majority of cases a radical cure is accomplished.

Thuja has a specific influence upon the urinary apparatus, and it is a most valuable agent with relaxed and enfeebled conditions of the bladder. Use it for the dribbling of urine and lack of control of the aged. The Specific Medicine, given in doses of gtt. iii to v, is a very effective remedy in nocturnal enuresis of children, when purely functional and not due to phimosis. It has a tonic effect upon the muscular structure of the bladder, and favorably influences the mucous structures of the entire urinary tract.

Contra-Indication. Thuja is contra-indicated in inflammatory states.

Thuja has a direct influence upon the epithelial layer of the skin, and has proven a valuable agent in correcting the tendency to the formation of warts and other epithelial growths. Here it is employed both locally and internally. It has been successfully used in cases of chronic phagedenic and exuberant ulcers, chancroids and old syphilitic ulcerations, warts, especially venereal, and cancerous ulcerations. Possessing valuable alterative qualities, it is a splendid remedy in the treatment of glandular indurations in scrofula and syphilis. Give Specific Medicine Thuja, gtt. v, four times a day. As a local application, dilute with two or three parts of water or glycerin. For warts, apply full strength.

BRONCHO-PNEUMONIA

John William Fyfe, M.D., Saugatuck, Conn.

In addressing this convention of experienced physicians on the subject of broncho-pneumonia I feel confident that it will be quite unnecessary for me to enter into its diagnosis, and I shall therefore confine my remarks along this line to a statement of such facts as will assist me in elucidating a specific and efficient treatment of a disease frequently seen in children and also in adults whose vital forces are below the normal standard.

On being called to a patient presenting symptoms—disease expressions—suggestive of pneumonia, the first of our activities should consist of making a nosological diagnosis that is free from doubt—not that such diagnosis will materially influence our treatment—but it should always be made for the benefit of scientific medicine and the reputation of the attending physician.

It would seem self-evident that the treatment of bronchial

pneumonia should be mild and sustaining—that all depressants should be avoided—if we are to give our patients the best possible chance for recovery, and this is equally true when applied to either of the several varieties of pneumonia. It is possible that a too vigorous treatment has sometimes been the principal cause of death.

In beginning our treatment we always have from the condition of the pulse a safe and reliable guide. If the pulse is small and frequent five drops of specific aconite should be added to four ounces of water and a teaspoonful of the mixture administered every hour, but if the pulse is of medium fullness five grains of ferrum phosphoricum, 3x., should take the place of the aconite. In some cases, however, the pulse will be full, frequent and bounding, making a direct appeal for veratrum as the indicated sedative.

Cases of bronchial pneumonia are numerous in which the heart's action is too feeble to assure a life-supporting circulation of the blood. In all such cases ten to twenty drops of specific cactus should be added to the sedative mixture in order that the heart may be properly supported, not stimulated, from the beginning of treatment. There is a vast difference between stimulating and supporting the heart. All attempts to stimulate this organ should be made with the greatest care. If we avoid the use of depressing sedatives, however, little need of stimulation will be encountered.

In this wrong of life bryonia is nearly always indicated, and is especially called for when there is evidence of pain in respiration.

In some cases it will be noted that the face is flushed, the eyes unnaturally bright, the pupils contracted, and the child is consciously rolling the head from side to side, evidencing the need of gelsemium being included in the treatment, when ten drops of the specific medicine should be added to four ounces of water and a teaspoonful of the dilution given every hour. In other cases the eyes will be dull and the patient dull and drowsy, when belladonna should take the place of gelsemium.

Great restlessness, sleeplessness and even delirium are often prominent characteristics and clearly indicate a demand for the relieving influence of rhus toxicodendron. It may be combined with the other remedies, or five to ten drops of the specific medicine may be added to four ounces of water and a teaspoonful given every one or two hours.

If the tongue is red and pointed, showing marked irritation and accompanied by a hacking and exceedingly troublesome cough, five drops of specific ipecac should be added to four ounces of water and a teaspoonful of the dilution given every

hour, or it may be combined with either of the other mixtures.

In most cases local applications are not needed, but if respiration is especially difficult a very small quantity of libradol may be daily applied to the upper third of the chest.

Hot milk affords a most excellent means of supplying the patient with proper nourishment. Two ounces every two hours will be about the quantity required.

PNEUMONIA

J. D. McCann, M.D., Monticello, Ind.

Pneumonia, as we have been able to view it the past year, has been attended with lamentable fatalities.

Pneumonia or inflammation of the lungs includes acute lobar pneumonia as well as various forms of atypical and broncho-pneumonia.

In its ordinary form it has been a disease little to be dreaded in my personal experience.

One authority, in describing pneumonia, says: "Acute lobar pneumonia is due to infection by the pneumococcus, usually runs a rapid course, and is characterized by a diffuse exudative inflammation of a large part of one or more lobes of the lungs. Broncho-pneumonia, on the contrary, may be due to a variety of bacteria, but is usually associated with staphylococcus. Most cases of pneumonia which follow or complicate contagious diseases are due to streptococcus or infectious pneumonia." We no doubt noticed this characterization of the disease in our recent endemic influenza. Possibly there is not much question as to the streptococcus infection in the pneumonias following an epidemic of measles in either civil or military life.

I have noticed, however, in our own community that if we had pneumonia to contend with it is more likely to come along with a break-up in the weather after a long cold spell of some weeks.

It is as well sometimes to record failures as to tell of all of our successes. In October of 1918, with our first outbreak of influenza, I lost four cases. One large woman, who had been sick for six days without medical attention and who was in a dying condition when first seen, with both lungs seriously involved, died within twenty-four hours. Another lady, who had been sick for three weeks when I was called, had developed pneumonia with some mental disturbance and was pregnant two or three months, died despite the efforts of three physicians.

A man weighing 250 pounds was taken sick on Monday. Thursday he sat up in bed feeling fine, when seen in the

afternoon, and died before daylight the next morning. When called in the afterpart of the night I think I never heard such a churning of mucus in a pair of lungs as was demonstrated in his.

The other case was a child with pneumonia following influenza, and the only case where I thought there was a fair fight and lost. During the busy months that followed I did not lose a case.

I feel quite proud of my January and February record because one lady 76 years old, with double pneumonia, got well after three physicians who were called in said she would die and for me to make her as comfortable as possible while she lived.

During all those trying times I pinned my faith to and swore by *asclepias* and *bryonia*. For a sedative *veratrum* and *aconite* or *gelsemium* was given. In some cases where there was an involvement of lung tissue the undertaker was defeated by the timely use of *subculoyd lobelia* hypodermically. In other cases, where the breathing became very difficult, there was great relief experienced by inhaling a small amount of ether. This was used in either child or adult.

In some cases when we thought the patient nicely convalescing a pleurisy of the most severe type developed, and by reason of the already weakened condition there was a hard fight to maintain the vitality of the patient.

Years ago Prof. A. J. Howe advocated the onion poultice over the seat of pain in pleurisy, and while many of our medical men smile at the mention of a poultice today, I have not so far forgotten my early teachings as to eliminate external applications from my method of treatment. Because I am treating pneumonia is no reason why I should confine myself to certain remedies. While I spoke so highly of *asclepias* and *bryonia*, there are conditions frequently presenting themselves that call for other remedies. I pride myself somewhat on being resourceful enough to have such remedies to fall back on. One of these remedies I regard highly is *berberis aquifolium*.

When there is a catarrhal condition of the nose or throat *berberis* acts splendidly. Certain other conditions will call for *collinsonia*; a croupy condition will call for *stillingia* or some form of the calcium iodide.

Many remedies might be cited and indications for their use given, but to the man who knows his specific diagnosis and medication further admonition would be superfluous.

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JOY IN LIVING

Once upon a time three fairy godmothers held a consultation over the cradle of a sleeping infant. They had the power to bestow upon this child one supreme blessing, and the object of the meeting was to decide what it should be. The first proposed that it should be great physical beauty; the second proposed that it should be great wealth; and the third proposed that it should be joy of living. The advantages and disadvantages of each proposition were fully discussed and carefully weighed, each contending for her own idea. However, eventually they were of one mind, the conclusion being that joy in living was the supreme blessing. Needless to say, the writer is in hearty accord with the judgment of such eminent authorities.

Assuming that joy in living is the most important asset in life, the proper method to obtain it becomes of immediate personal interest to each and all of us. Also, those of us who by accident or design happen to be medical men have an additional interest in the matter. For that person who

is sick unto death, or only seasick for that matter, certainly does not experience any joy in living. Some there be who can successfully pretend to be happy while suffering physical pain, but the most of us carry a grouch and glory in it. On the other hand, he who is without physical discomfort ought to be happy, and he usually is. A happy child is a well child; a peevish child is a sick child. And we are all children still, in some degree.

As Medical men we have a scientific interest in the treatment of disease; and in so far as we succeed, we help to secure for our patients that supreme blessing—joy in living.

TREATMENT OF LEPROSY WITH THE DEAN DERIVATIVES OF CHAULMOOGRA OIL

Apparent Cure in Seventy-eight Cases

J. T. McDonald, A.M., M.D.

Director, Leprosy Investigation Station, United States Public Health Service; Superintending Physician, Kalihi Hospital, Honolulu, H. I.

The Leprosy Investigation Station of the U. S. Public Health Service was authorized by act of Congress in 1905, and established in Honolulu and on Molokai, Hawaii, in 1906. The four principal scientists who successively resided and worked here were Brinckerhoff, Currie, McCoy and Clegg. By a strange fatality, three of those young men are dead—one of pneumonia and two of nephritis. The fourth, Dr. George W. McCoy, is now director of the Hygienic Laboratory in Washington. Those were the pioneers in modern leprosy research in these islands, where the disease has been endemic more than half a century, although now certainly on the decline. Their work was essentially fundamental and was pursued under many difficulties, not the least of which were the prejudices and suspicions of the leper patients themselves. In the course of time, however, those fears of "experimenting" were completely overcome.

Their earlier studies embraced a variety of topics, as shown by their papers, thirty-three in all, published by the government from time to time in a series of bulletins with the general title of "Studies Upon Leprosy." In several of these studies, some creditable assistance in collaboration was rendered by Drs. Moore, Wayson, Reinecke, Hollmann and Goodhue in the chronological order named. During the period

of the war, however, no scientific papers from this station could be published, the government printing office being occupied to capacity with special war work.

Kalihi Hospital

Kalihi Hospital, with 150 beds, occupying a compound of more than five acres, owned, equipped and maintained by the Hawaiian Territorial Board of Health, is situated on Kalihi Bay, three or four miles from the business center of Honolulu. Adjoining it are the laboratories, library, offices, etc., of the Leprosy Investigation Station of the U. S. Public Health Service.

Leprosy patients brought to this hospital from all parts of the territory are entitled to a stay of at least six months for treatment, and longer if they show marked improvement, before being either paroled or transferred to the settlement, 50 miles away on the island of Molokai. For several years past, by an amicable arrangement between the bureau at Washington and the Board of Health, the director of the investigation station has had charge of the medical treatment of the patients in the hospital. At present we have 117 patients—53 male and 64 female. The eldest is 62 years, the youngest 7, the average age being 22 years. We have twenty-four under 15 years of age. In no equal period of time in the whole history of compulsory legal segregation in Hawaii have we had so many voluntary surrenders as in the last year or two. They know they have leprosy, and instead of hiding, as formerly, they come and ask for admission and treatment, even waiving their legal rights for a special examining board.

Chaulmoogra Oil

This station has arrived at the conclusion that the nearest approach to a specific for leprosy lies in chaulmoogra oil, known also as oil of gynocardium. This opinion seems now to be shared quite generally by other workers also. The oil has been used in the disease for many years and is obtained chiefly from India, expressed cold from the nuts of a native tree of several closely related varieties, the best being *Taraktogenos kurzii*. It was formerly used here in its crude state, often with some beneficial results. Attempts at this station to modify it by combining with it various drugs, such as camphor, resorcin, iodine and guaiacol, resulted in a measure of success that has since been described, and gave encouragement to the idea that a most valuable curative agent or

active principle was there appealing to chemistry for its isolation or, at least, its identification.

In 1918, this station invited and fortunately secured, as college research work, the collaboration of Dr. A. L. Dean, president of the University of Hawaii, himself an expert chemist, who soon became intensely interested in the fascinating problem of extending the researches of Power and his co-workers into the field of therapeutics, and their practical application to the treatment of our patients in Kalihi Hospital. Power had shown that the chaulmoogric fatty acids series, chief of which are chaulmoogric acid and hydnocarpic acid, contain two unique properties: (1) They are optically active, rotating the plane of polarized light to a notable degree, and (2) their atoms are arranged in a closed five carbon ring nucleus entirely different from any other known fatty acids. Here was an interesting and promising clue.

Dean originally separated the oil into four fatty acid fractions and then, on account of their insolubility, converted them into their ethyl esters, thus obtaining thinly fluid oils readily absorbable from intramuscular injection. The laboratory technic by which he effected this he has detailed elsewhere, and it need not be repeated here. A group of patients was placed on each of these, but after several months' trial, all doing equally well, the separation into fractions was abandoned in 1919, after we were convinced that the therapeutic agent was inherent in the entire fatty acid series rather than in any separated fraction, and also that its virtue remained unimpaired by any of the chemical or physical operations to which it had been subjected, such as its treatment with acid, alkali, alcohol, lead acetate, etc., or even the use of more than 200 degrees centigrade of heat. At the same time we also entirely abandoned the Currie and Hollmann crude oil mixture for the new Dean derivatives.

Standard treatment then for weekly intramuscular injection became, and still continues to be, the ethyl esters of the entire fatty acids of the whole oil with 2 per cent. of iodine by weight chemically combined, the dosage of which begins with 1 c.c. and is increased by 1 c.c. at every second or third injection until we reach from 2 to 6 cc., according to the age and weight of the patient. Internally, patients receive in capsule form the mixed fatty acids carrying 2.5 per cent. iodine in chemical combination; the fatty acids, rather than their ethyl esters, because they better conform to the normal digestive process which precedes fat absorption; we are therefore using by mouth a pre-digested oil or fat which is semi-

solid at room temperature, and, in capsule, very easy to take. Its dosage begins with one-sixth gm. per hundred pounds of the patient's weight, three times a day, an hour or two after meals. This is gradually increased every two weeks until the maximum of 1 gm. per hundred pounds of weight per dose is reached. Of these two forms of administration, we have gradually come to regard the injection as the vastly more important of the two. In fact, we had ten patients on injections alone for several months, and they seemed to do as well as those who took both injections and capsules. It should be said for the fatty acids, however, that we consider them the most efficient form of the oil ever devised for internal use. We go for weeks at a time without a single complaint of digestive disturbance. We are sometimes asked why we add the iodine, but confess that we find ourselves unable to furnish an especially substantial defensive reason. It was used by our predecessors here, as also by others elsewhere, and was considered decidedly beneficial; it has an old and respectable reputation for effecting catabolic or retrograde metabolism, with a tendency to promote in the economy the absorption of inflammatory and hyperplastic products. Then, too, the fatty acids of chaulmoogra oil are unsaturated acids and therefore capable of taking up iodine to form chemical compounds having none of the irritating properties of free iodine. And yet, we suspect we could well do without it. We have at present five patients on the ethyl esters of pure chaulmoogric acid and five on those of pure hydnocarpic acid without any iodine at all, and all ten seem to be doing as well as the others.

A valuable and timely contribution to the chemo-therapeutics of chaulmoogra oil is that of Walker and Sweeney of the Hooper Foundation, proving conclusively what was foreshadowed by Dean, that the bactericidal agent, a hundred times more active than phenol (carbolic acid) in the effective destruction of the lepra bacillus, is no other than that same unique five carbon ring molecule in the structure of the chaulmoogra acid series. Thus have those skilled investigators absolutely proved by laboratory methods in vitro what I have been empirically demonstrating in vivo at this station for the last two years with the Dean derivatives.

Injections

Preparatory to injections, we sterilize syringes, needles, etc., for from thirty minutes to one hour by 15 pounds of steam in the autoclave. The site chosen is the upper and outer

quadrant of the gluteal region, and a spot for the puncture is painted with tincture of iodin. We employ a 20 c.c. all-glass Paris syringe and ordinary antitoxin needles, one for each patient, inserted its full length to reach the musculature. While there have been reported from other sources rather frequent abscess formation as derogatory to intramuscular injection, I am happy to state that in 6,924 deep injections administered by me from October 1, 1918, to the present time, I have had but one case of resulting abscess.

Leprosy Fever and Eruptions

A problem which confronts every worker in leprosy is that in connection with a group of symptoms known as leprosy fever. It is recognized and described by the authorities in all hospitals in endemic centers, but it is not very common. Since October 1, 1918, in a total of 235 patients under our care, we have had but twenty-one cases, or less than 9 per cent., of greater or less severity. It would seem that it occurs only in those under treatment. Our house superintendent, Mrs. Clinton, who speaks Hawaiian fluently, has made many inquiries of the more observant and intelligent of our patients, and has been unable to find a single instance of its appearance before their entrance to the hospital. Although it has in its peculiar manifestations every symptom of a sudden and malignant exacerbation of leprosy, it gives us no discouragement whatever, as we have learned by experience that the patient not only sooner or later recovers from his acute illness, but shows a remarkably improved condition and a far more active progress toward recovery than before.

The attack is ushered in usually by chilliness, headache, loss of appetite, etc., while the temperature rises a degree or two and sometimes reaches 40 C., with daily remissions which occur rather irregularly. As a rule, the patient is decidedly ill and is entirely willing to remain in bed; there are others again who are on hand in the dining room for every meal and are not very sick. But the most striking feature of the attack is that within from twenty-four hours to two or three days there appear, usually on the face, forearms and hands, but sometimes elsewhere, a number of well-defined, circumscribed eruptions, usually irregularly circular, dull red, and raised from the level of the surrounding skin, thickest in the center, and hot and evidently more or less tender to the touch. They differ in size from that of a dime or less up to that of the palm of the hand or larger. As a rule, the eruptions begin slowly to recede soon after their

maximum intensity has been reached, the patient gradually regaining his former status within two or three weeks. We have, however, attacks in all degrees of duration, of severity and of eruption. As to the character of the lesions, in spite of their close resemblance to the original leprosy nodes, I am of the opinion that they are not real nodules. It has been our experience that it is exceptional rather than the rule to find them containing the bacilli of leprosy, which we find in myriads in the slowly growing and slowly receding original nodules. Dyer calls the outbreak papular leprosy, and says:

"In the various exacerbations of leprosy, particularly when the lesions begin to break down, when the toxins are liberated, or the masses of dead bacilli are sent into the circulation, there is frequently a rise of temperature, producing the 'fever of leprosy,' now regarded as an entity. With this process, a general eruption of lenticular papules appears. This is the only form of papular leprosy so far known, and it is questionable if it may properly be called papular leprosy, as the papule is really only an evanescent exanthem, disappearing with the defervescence of the attack. The papules are free of organisms and are purely exudative in type, inflammatory and hyperesthetic if the sensation is disturbed at all."

The etiology underlying the phenomenon of leprosy fever has been made the subject of considerable attention and study of late, and so far there is considerable unanimity of opinion that it is a sort of toxemia produced by the liberation into the lymph and blood streams of an excess of toxins produced by the bacilli which the body, temporarily at least, is not provided with sufficient antitoxin to meet and successfully combat; in other words, that the balance between toxin and antitoxin is for the time being seriously disturbed.

Beaded Bacilli

A subject of growing interest concerns the changes observed in the lepra bacilli during the course of our treatment. A bacteriologic slide made from a new patient discloses myriads of well-defined bacilli of even, homogeneous stain and of practically even length; in a word, there is scarcely any morphologic difference between the individual bacilli in a microscopic field. In striking contrast to the foregoing is the appearance presented by a specimen obtained from a patient who has for several months been under our intensive treatment with the Dean derivatives. Here we find the greater portion of the bacilli to have undergone a distinctive change

which causes them to take the stain only in segments, the bacillus becoming simply a row of bright red dots. When a mass of them are crowded together as in the so-called lepra-cell, there is a characteristic granular appearance in which the rodlike aspects are entirely lost, and so we have become accustomed to record such findings as "b. and g."—beaded and granular.

This phenomenon has been observed in tuberculosis as well, having, it is said, been first described by Koch and named by him moniliform—like a string of beads. Later on, after additional months of treatment, they nearly cease to be acid fast and present in a microscopic field not a single normal bacillus, such findings being regularly recorded by us as "b. d. o.," meaning bacillary detritus only. Row of the Peel Island Lazaret, Australia, who obtained highly gratifying results with guaiacol, referring to beaded bacilli in an article published in 1909 says:

"How they are destroyed, I am not yet in a position to state definitely, but I am of opinion at present that such destruction is brought about by the removal of their fatty envelop by chemical action. Specimens taken from lepromata that are being absorbed under this treatment reveal the fact that the bacilli contained therein gradually lose their power of retaining the fuchsin stain, when treated with dilute mineral acids, and by examining fresh specimens at regular intervals it can be seen that the number of unevenly stained bacilli increase in proportion to the normally stained ones as absorption progresses, until at last the bacilli disappear altogether."

Sir Leonard Rogers also at the recent Calcutta Leprosy Conference referred to the "active destruction of the innumerable bacilli in the lesions . . . until only a few granules of broken-down bacilli remained which ultimately disappeared in favorable cases."

Professor Froilano de Mello of Nova Goa, Portuguese India, has also had about a dozen cases under treatment with marked amelioration and two cures. The interesting part of his paper, in this connection, is that in a series of five cases he counted the bacilli in a hundred microscopic fields to ascertain the relative numbers of the whole or homogeneous bacilli and those of the beaded and broken ones, half of the tests being made before the patients began treatment at all, the other half at the end of six months of treatment. This meritorious work, which he justly calls hard and wearisome (*le dur et ennuyeux travail*), he accredits to his assist-

ant, M. Loreto de Sousa; this is undoubtedly the first record of its having been done in leprosy. As to the results of the counting, his figures all show a marked diminution in the number of the "homogenes" and in the disappearance of his "moniliformes," in one case the former being reduced in the six months from 2,236 to 675, the latter from 1,113 to 301.

In all of the earlier cases coming to Kalihi Hospital, it is the rule not to find any instances of the beaded and granular. When we do find them now and then our interpretation of it is that Nature has begun the effort, feeble though it may be, to establish a defense. It is my opinion that the authors who refer to these forms of "dead bacilli" are correct. Certain it is that along with and in proportion to the amelioration of the clinical symptoms of our patients under our bactericidal treatment, the foregoing changes in the bacilli regularly take place and they finally disappear altogether. It is as yet impossible to say at just what point in this process of beading and granulation the bacteria are no longer viable. But we believe that further investigation will show that at some point after the bacillus loses its rodlike character it is dead, and the further slow processes of disintegration are features of the removal of the nonliving detritus.

Neural Cases

It is a well-known but inexplicable fact that the bacillus of leprosy, on gaining admission to the human body, shows a decided predilection for two distinct sites, namely, the skin and the nervous system, the former type by long usage designated "tubercular" or "nodular," the latter "anesthetic," "nerve" or "neural" leprosy, while a combination of the two types has been termed "mixed." A still further interesting fact is that in the neural type, in the great majority of cases, it is the nerve trunks which send branches to the muscles of the forearm which are most involved. Of these, the ulnar is chiefly affected, the musculospiral and median being less often attacked. The result of this is that the forearm muscles, including the flexors and extensors of the fingers, with their nerve supply impaired, begin gradually to atrophy and slowly to cease to function until the patient partially or completely loses the use of one or both hands by permanent retraction and contraction of the fingers, often accompanied by extensive bone absorption of the phalanges, thus finally acquiring the main en griffe, or so-called "leper claw."

Next in order of frequency of attack comes the trifacial, resulting in partial paralysis of the orbicularis palpebrarum

or orbicularis oris, or both, as well as several of the other muscles of facial expression. The peroneal and its branches are also frequently invaded, producing in the feet and toes deformities corresponding somewhat to those of the hands and fingers, but perhaps in less degree. Included here also are the plantar pedis, or trophic ulcers of the soles of the feet, so frequently encountered. The sweeping statement that the nasal mucous membrane in a great majority of cases is the site of the initial lesion of leprosy has not been confirmed by other observers. Brinckerhoff, at this station in 1909, conducted a thorough and exhaustive study of the subject and concluded that "the examination of the nasal septum and the nasal secretions is not of dominant value in confirming a diagnosis of leprosy in the early states of the disease."

It will thus be seen that in these purely neural cases it is frequently impracticable to demonstrate the bacilli, as they are deeply seated in the nerve trunks where they have been repeatedly found in abundance in necropsy. On this account it has often been maintained that it is unnecessary to segregate this type of patients on the assumption that they are not a menace to the public health, the probability of their imparting the disease to others being reduced to the lowest minimum. But this is only an assumption unsubstantiated by proof. We know from the clinical symptoms that these patients have leprosy, but we do not know yet how the bacillus is transferred from the diseased to the healthy individual, nor do we know how soon the purely anesthetic may change to a mixed type. We have recently had a striking illustration of this:

About a year ago the leprosy officer brought in a boy, aged 13, with both hands nearly ruined, all fingers being shortened to less than half the normal length and greatly deformed. Not another stigma was to be found on the entire body, and the bacillus could not be demonstrated. The majority of the examining board decided against detaining him as not being a menace to the public health. A few weeks ago, after an interval of more than eleven months, the parents returned him to us begging that he be taken in, waiving their legal rights to another examining board. The change in the boy was startling. The case in the interim had taken on the nodular type, involving nearly the entire face with myriads of bacilli easily demonstrable, and general skin lesions scattered over the whole body.

A Hospital Treatment

Leprosy is such a slow, chronic disease, so insidious and

sluggish in its attack, and heretofore at least, so stubbornly rebellious to therapy, that it taxes all the powers of patience and courage both of its victim and his medical attendant. Advantage has to be taken of every helpful measure for the maintenance of a steady, persistent and unflagging course of treatment which knows no faltering and no discouragement. As Dyer has aptly said, "Above all things individualize the patient; watch for improvement. If it does not show in three months, wait six months; wait a year, or longer. Keep on driving at the treatment until the patient dies or gets well." And the only place for carrying out this eminently wise and sound advice is a leprosy hospital, and best of all, one like ours, maintained by the state, backed by a wholesome segregation law which precludes quitting and going home on the whim of the patient, as now obtains in asylums in the Orient.

We receive letters from all over the world from individual patients asking for some of our remedies to "try," but our reply is that they are still in the experimental stage and not yet commercially available; that they constitute essentially a hospital treatment exclusively, where the patient is under constant observation and control; that they do not properly lend themselves to the practice even of the family physician; and that for self-administration they are absolutely impossible.

There is a wonderful power in association. A group of fellow leprosy hospital patients forget all about the prejudice and horror with which the outside world regarded them. Here, one is as good as another and no one is sensitive about his or her appearance, and they lead a far more happy and contented life than they possibly could outside. They watch each other, compare notes, see the old-timers getting paroled out; they see some improving more rapidly even if their own case is rather slow, so they go patiently on, whereas an isolated patient would get discouraged, give the treatment a black eye, and abandon it. An attack of leprosy fever which often confines them to bed for several days, our patients endure with the greatest fortitude, because they have learned from observing fellow patients that when they get over that flare-up they will be better than before. A private patient would say that his physician was poisoning him and would quit. Then, too, the material itself can be made only by experts in a well-equipped laboratory. Both Dr. Dean and Prof. Richard Wrenshall, head of the chemistry teaching staff, both of them Ph.D.'s of Yale in physiologic chemistry, have given months of intense study and enthusiastic experiment to it and have even procured special and costly apparatus

for its manufacture. And yet I have had parties write to me for the prescription to have it made at the corner drug store.

It should therefore be distinctly understood and appreciated that our system of treatment here is one that cannot in its present stage of development be doled out indiscriminately at any price to isolated and private patients.

Results

Since Oct. 1, 1918, there have passed the scrutiny of examining boards appointed by the Territorial Board of Health and been paroled as no longer a menace to the public health seventy-eight patients, not one of whom has thus far shown the first sign of recurrence. The dates of their release and numbers in each group have been: Dec. 24, 1918, four; Feb. 13, 1919, thirteen; Aug. 12, three; Nov. 12, twenty-eight; July 6, 1920, thirty. There were thirty-six males and forty-two females. Their average age on admission was $23\frac{1}{2}$ years; there were forty-nine of the nodular type, twenty-four of the anesthetic or neural, and five of the mixed; fifty-five were bacteriologically positive on admission, and twenty-three negative; their average stay in the hospital under treatment was fifteen months.

Comment

It should be stated that there is a widespread notion that the leprosy law of Hawaii, of which Brinckerhoff himself was one of the framers, reads that the Hansen bacillus must be demonstrated to establish a diagnosis; this, however, is an error; the law simply leaves the diagnosis to the judgment and opinion of a medical examining board. In 1903, I said: "The microscope is the supreme agent of the final diagnosis of leprosy. No patient should be committed to a segregated colony without a bacteriologic demonstration of the disease." With a more mature experience, I have been obliged to modify this view. Leprosy was an established clinical entity ages before its causative bacterium was discovered. As I have shown above, in many unmistakable nerve cases its detection is altogether impracticable. Experts in tuberculosis often make absolutely definite diagnoses long before a single bacillus can be found in the sputum. In doubtful cases of both diseases, however, the finding of bacilli is of course of the greatest diagnostic value.

Again, a greatly overworked symptom is the "bacteriologically negative" finding of authors reporting leprosy cures, as though a selected snip were a sample of the patient's skin,

just as a sample of a few cubic centimeters in a test tube determines the presence or absence of an albuminuria. A hundred skin tests might be made from old lesions without finding a single bacillus, because not one of the tests happened to be applied to a point at which any of those few remaining bacilli lay. Of infinitely greater value is, for instance, the finding on the site of a pre-existing nodule of a group of bacillary detritus which can be studied and which can give positive and definite information of the patient's status, whether there are any whole bacilli remaining or whether they are all broken and disorganized and scarcely able longer to retain the carbolfuchsin stain and, in a word, are destroyed and dead. Here, one has something definite on which to base a decisive opinion; finding nothing leaves one still in doubt and in the dark. A 14-year-old girl under our treatment for many months was one of our recent prospective parolers, the nodules on her face, the part originally chiefly affected, having entirely disappeared, leaving not even a stain. One, especially prominent on entrance, was on the right ala nasi, and from here a test slide was made. To our great surprise there were found here and there, among the debris of former bacilli, entirely healthy appearing ones of even stain and normal contour. Her name had to be taken from the list in spite of a disappointed mother in tears outside the gate. The child will remain some months longer, but will undoubtedly gain her parole in due time. Three others, adults, were stricken from our list for similar reasons. No one is ever recommended to the board for parole until we are convinced from a careful study of all physical signs and symptoms that the disease is absolutely arrested.

—Jour. A. M. A.

NEWS ITEMS

Dr. E. L. Smythe, Bremerton, Washington, is in Los Angeles for the purpose of taking a few months of post graduate work.

Dr. M. A. Welbourn has located at 1645 La Brea Avenue, Hollywood, California.

Dr. Kellingham, a former Californian but now president of the American Apothecaries Co. of New York, was in Los Angeles last month.

DIED: Dr. John C. Stout, Oakland, California, graduate of the American Medical College, St. Louis, 1878, died January 7, 1921, aged 74, of cerebral hemorrhage.

Concerning Echinacea 1885 to 1921

Originally employed by the Indians and Pioneers.

1885—Announced by an itinerant physician (Dr. Meyer.)

1887—Introduced to the profession by Dr. John King.

1880—A tincture was prepared for the use of investigating physicians, but not advertised, (Lloyd Brothers.)

1894—Label prepared by Dr. Felter giving therapeutic uses.

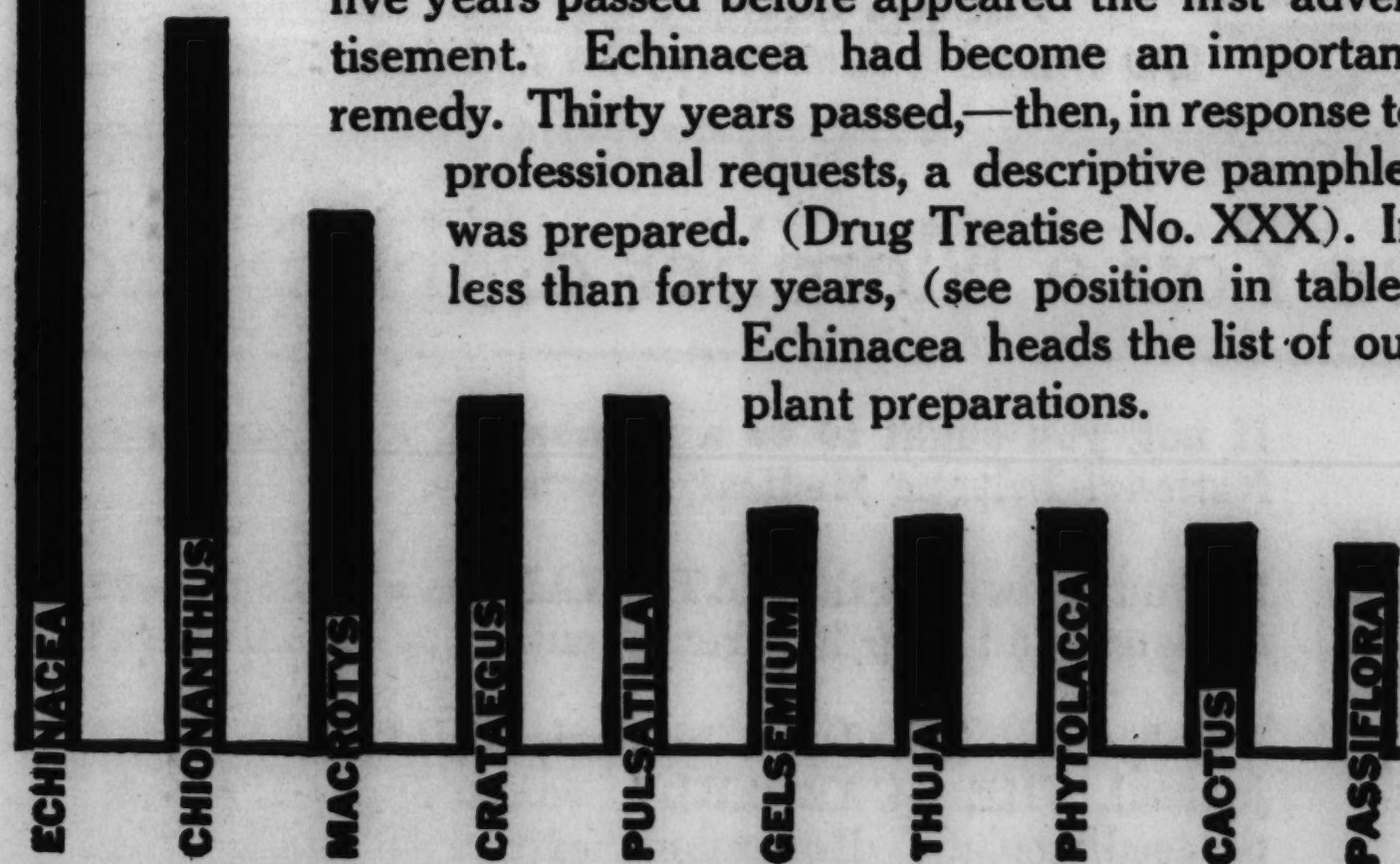
1899—First advertisement in Medical Journal, (Lloyd Brothers.)

1917—First historically descriptive pamphlet, (Lloyd Brothers' Drug Treatise No. XXX.)

1920—Heads the list of plant preparations, Lloyd Brothers' Laboratory, (See Table.)

Summary

Ten years' use of Echinacea passed without descriptive label or circular. Its use constantly increased. Twenty-five years passed before appeared the first advertisement. Echinacea had become an important remedy. Thirty years passed,—then, in response to professional requests, a descriptive pamphlet was prepared. (Drug Treatise No. XXX). In less than forty years, (see position in table) Echinacea heads the list of our plant preparations.



The above diagram was made by Professor Everett I. Yowell, Cincinnati Observatory, from Laboratory Statistics. (Out of 239 Plant Remedies, the lines represent the first ten.)

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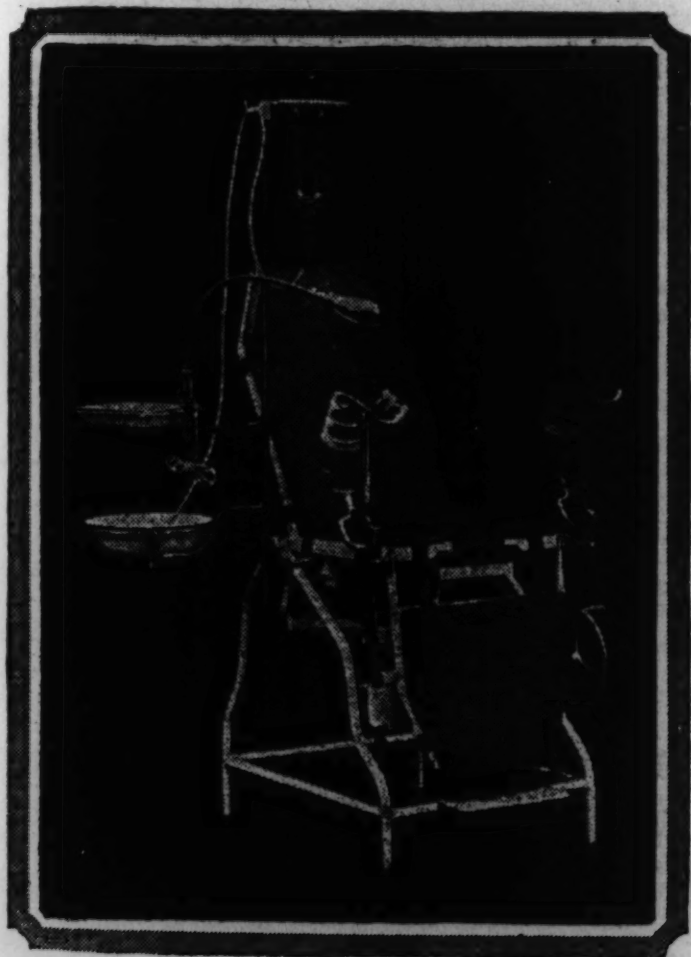
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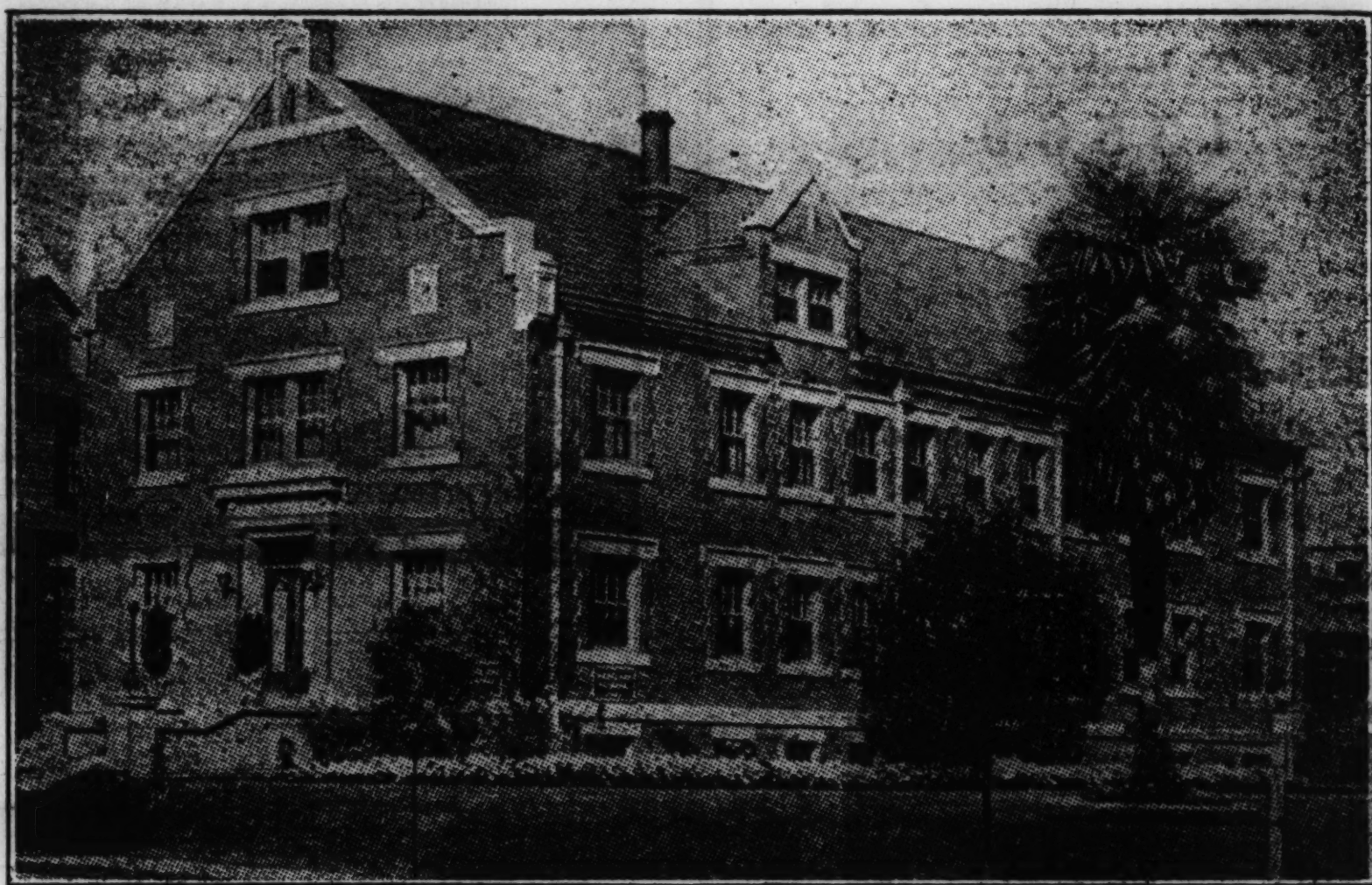
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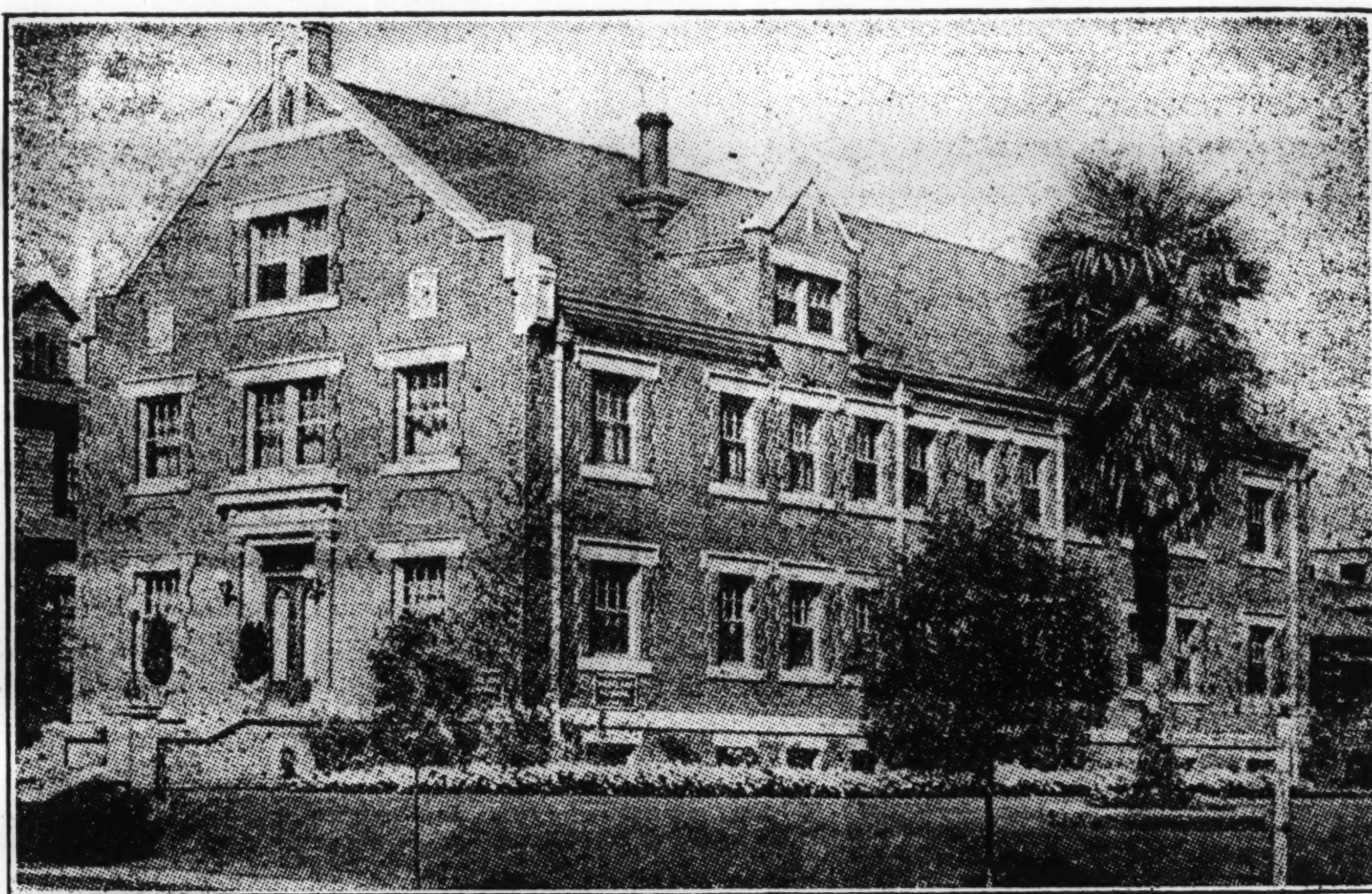
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